

VZCZCXRO6912
RR RUEHHM RUEHLN RUEHMA RUEHPB RUEHPOD
DE RUEHAK #1292/01 1451428
ZNR UUUUU ZZH
R 251428Z MAY 07
FM AMEMBASSY ANKARA
TO RUEHC/SECSTATE WASHDC 2286
INFO RUEHGV/USMISSION GENEVA 1563
RUEHZN/EST COLLECTIVE

UNCLAS SECTION 01 OF 02 ANKARA 001292

SIPDIS

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SENSITIVE

E.O. 12958: N/A

TAGS: [PINR](#) [TBIO](#) [AORC](#) [PREL](#) [KFLU](#) [TU](#)

SUBJECT: TURKISH VIEWS ON AI SAMPLE SHARING AND RETENTION OF VARIOLA
VIRUS - C-TN7-00406

- A) STATE 62185
- B) ANKARA 1164
- C) STATE 61739

¶1. (SBU) SUMMARY: The Government of Turkey (GOT) strongly supports viral sample sharing with the WHO in support of scientific research. Turkey's response to last year's significant number of human AI cases was perceived as robust and cooperative with international partners and regional neighbors. However, the GOT is inclined to be supportive of Indonesia's call for "equitable access" or priority access to vaccines derived from their samples, based on existing WHO policies and taking account of a country's size, means, and the extent of its outbreak. Turkey supports the U.S. position on safeguarding safe smallpox stocks, rather than destroying them. End Summary.

AI SAMPLE SHARING AND VACCINE ACCESS

¶2. (SBU) We met with Doctor Yildirim Bayazit at the GOT Ministry of Health to research Ref A and C questions. The following is tied to lettered questions:

¶A. Virus Sample WHO. Sharing: The GOT readily shares flu virus samples with the WHO, but supports restrictive agreements on further sharing of viral samples by the WHO with commercial entities. The GOT believes a country sharing virus samples is entitled to more than WHO analysis of the virus and recommendations. They believe samples should be shared with the WHO for scientific research without restriction. In line with WHO circulars, there should be permission from the supplying country if there will be any commercial application. The GOT does not think the country should be entitled to financial compensation, but believes these countries should have priority in receiving medicine or vaccines developed from these samples. The GOT finds preferential pricing useful.

¶B. Equitable Access: GOT officials believe there should be "equitable access" to AI vaccines and means of production. In deciding which countries will get the vaccines or means related to AI treatment, relevant parties should take into account the size of the country affected by an outbreak, the geographic spread of the disease, and the country's capacity and resources to handle an outbreak. A tiered pricing mechanism for developing countries is an effective mechanism to improve access.

¶C. Regional Production: The GOT supports creation of regional influenza production facilities, but does not believe it is practically achievable, given financing difficulties. GOT officials believe the private sector will not make these substantial investments based only on the possibility of an outbreak. The GOT perceives a direct relationship between growing pandemic influenza vaccine supply and increasing supply and demand for seasonal influenza vaccine, and is willing to help foster a market to augment production capacity. Turkey purchases 2.5 million doses of

influenza vaccines annually. The Ministry of Health recently got budget support for a program where the GOT compensates individuals in "risk groups", like children, senior citizens or diabetics patients, for flu vaccines. Health personnel in public hospitals are also entitled to get free-of-charge flu vaccination.

1D. Vaccine Development and Production: The GOT closely follows and understands the influenza vaccine production process, and they recognize the difference between vaccine production and development. They acknowledge that vaccine development is necessary to test efficacies of vaccines.

1E. Industry Ownership: The pharmaceutical industry in Turkey is privately owned.

1F. Position Coordination: The GOT does not coordinate its position with other specific governments and recognizes the WHO as the only competent umbrella organization where to effectively interact with others on these issues. The GOT does not belong to a block of countries in the WHO, but is strongly sympathetic to the Indonesian Government's position on viral sample sharing with companies based on country's consent and on fair distribution and priority access to AI vaccines, subject to WHO criteria.

1G. Government Views and Indonesia: The Turkish Ministry of Health (MOH) is aware and supportive of the Government of Indonesia's position with regard to the sharing of AI samples by the WHO with commercial entities. They believe the WHO went against (or conveniently put aside) its own circular regarding the sharing of samples, and shared Indonesia's AI samples with commercial entities without receiving the Indonesian Government's permission. The Turkish Health Minister, along with other countries' ministers, received a working lunch invitation from the Indonesian Government representative for during the WHA meeting. The Turkish Minister was not able to participate in the luncheon, but the GOT has already

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prepared a position paper siding with Indonesia to the WHO. They believe developing countries who share their viral samples with WHO and who are still suffering from outbreaks should have better priority access to AI vaccines.

VARIOLA VIRUS

13. (SBU) Bayazit repeated the GOT position in support of the U.S. on safeguarding smallpox stocks, rather than destroying them (Ref B). He stated that Turkey expressed this position at the World Health Assembly.
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